

B6I (Official Form 6I) (12/07)

In re **Nancy J. Cummins**Case No. **13-10477**

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Divorced	RELATIONSHIP(S): None.	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	RN	
Name of Employer	South Sunflower County Hospital	
How long employed	2 months	
Address of Employer	121 East Baker Street Indianola, MS 38751	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 4,464.24	\$ N/A
\$ 0.00	\$ N/A

3. SUBTOTAL

\$ 4,464.24	\$ N/A
--------------------	---------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
b. Insurance
c. Union dues
d. Other (Specify):

\$ 1,171.67	\$ N/A
\$ 442.78	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1,614.45	\$ N/A
--------------------	---------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,849.79	\$ N/A
--------------------	---------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify):

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

12. Pension or retirement income
13. Other monthly income (Specify):

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ N/A
----------------	---------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 2,849.79	\$ N/A
--------------------	---------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 2,849.79	
--------------------	--

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re **Nancy J. Cummins**Case No. **13-10477**

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	860.00
a. Are real estate taxes included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities:		\$	250.00
a. Electricity and heating fuel		\$	50.00
b. Water and sewer		\$	100.00
c. Telephone		\$	120.00
d. Other Cable		\$	50.00
3. Home maintenance (repairs and upkeep)		\$	200.00
4. Food		\$	80.00
5. Clothing		\$	75.00
6. Laundry and dry cleaning		\$	180.00
7. Medical and dental expenses		\$	300.00
8. Transportation (not including car payments)		\$	0.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	50.00
10. Charitable contributions		\$	
11. Insurance (not deducted from wages or included in home mortgage payments)		\$	100.00
a. Homeowner's or renter's		\$	0.00
b. Life		\$	0.00
c. Health		\$	115.00
d. Auto		\$	0.00
e. Other		\$	
12. Taxes (not deducted from wages or included in home mortgage payments)		\$	0.00
(Specify)		\$	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		\$	
a. Auto		\$	0.00
b. Other Tower Loan/Washer		\$	254.00
c. Other		\$	0.00
14. Alimony, maintenance, and support paid to others		\$	0.00
15. Payments for support of additional dependents not living at your home		\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	0.00
17. Other monthly medication		\$	120.00
Other		\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	2,904.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:			
20. STATEMENT OF MONTHLY NET INCOME			
a. Average monthly income from Line 15 of Schedule I		\$	2,849.79
b. Average monthly expenses from Line 18 above		\$	2,904.00
c. Monthly net income (a. minus b.)		\$	-54.21